

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-045319

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317  
FILED OCT 26 1962

Primary Registration District No. 544

Registrar's No. 2936

VS 300  
Rev. 4/59

14003

20360

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DATE AMENDED

11/9/62

11/9/62

11/9/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Congestive heart failure

Pulmonary embolus

DOCUMENT

SHOULD READ

Pulmonary embolus

Thrombophlebitis rt. leg.

Pt. II Acute congestive heart failure

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Length of stay in 1b <b>10 hrs.</b>	c. CITY OR TOWN <b>Robertsville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>General Delivery</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ruby</b> Middle <b>M.</b> Last <b>Kimrey</b>			4. DATE OF DEATH Month <b>October</b> Day <b>9</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10/21/1903</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13. FATHER'S NAME <b>William McWilliams</b>	
14. MOTHER'S MAIDEN NAME <b>Edna Mackney</b>		15. NAME OF HUSBAND OR WIFE <b>Henry</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		17. SOCIAL SECURITY NO. <b>Unknown</b>	
18. INFORMANT <b>Car olyn Aitken, Gen. Delivery-Robertsville, Mo.</b>		19. ADDRESS <b>Mo.</b>	
20. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolus--</b> <b>Acute Thrombophlebitis rt. upper lobe.</b> DUE TO (b) <b>Pulmonary embolus</b> DUE TO (c) <b>463X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary embolus &amp; Congestive heart failure</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
21. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	22. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
24. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
26. CITY, TOWN, OR LOCATION COUNTY STATE	27. I attended the deceased from <b>Oct 1-1962</b> to <b>Oct 9-1962</b> and last saw her alive on <b>Oct 9-1962</b> Death occurred at <b>8:25 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
28. SIGNATURE (Degree or title) <b>Albert H. Hoppe M.D.</b>	29. ADDRESS <b>Pacific Co.</b>	30. DATE SIGNED <b>10/11/62</b>	
31. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	32. DATE <b>10-12-62</b>	33. NAME OF CEMETERY OR CREMATORY <b>Long Hollow Cemetery</b>	34. LOCATION (City, town, or county) <b>Texas Co., Mo.</b>
35. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>	36. ADDRESS <b>10-11-62</b>	37. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.